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facsimile transmittal

To: Valerie Canard Fax: 1 703 308-~~3554~~ 7551 7751
From: Ronald Cornell Date: ~~Monday~~ Tuesday, February 11, 2002
Re: SN 09/966,299 Pages: 7 (including this page)
CC:
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Dear Ms. Canard,

In accordance with our telephone conversation this morning I am forwarding with this cover memo the following:

Transmittal Form.

Notice To File Corrected Application Papers,

Petition For Extension, and

Drawings (3 pages)

I will call to see if everything was received satisfactorily. Thanks for your help.



Ronald Cornell,
Attorney for Applicants

Please type a plus sign (+) inside this box → 


PTO/SB/21 (08-00)


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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/966,299	
	Filing Date	09/27/2001	
	First Named Inventor	NIKOLAY V. BRUKOV	
	Group Art Unit	1722	
	Examiner Name		
Total Number of Pages in This Submission	6	Attorney Docket Number	HUK-2003-1

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): NOTICE TO FILE CORRECTED APPLICATION PAPERS: CONFIRMATION No. 5037
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	RONALD S. CORNELL
Signature	
Date	2/11/2

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class FAXED mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:			
Typed or printed name	RONALD S CORNELL		
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